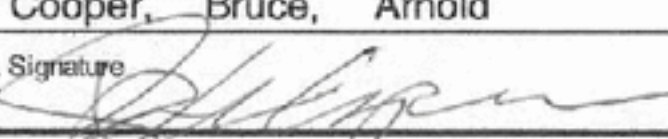


<b>U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)</b>		<b>REPORT OF MARINE ACCIDENT, INJURY OR DEATH</b>				RCS No. G-MOA MISLE NOTIFICATION NUMBER											
<b>SECTION I. GENERAL INFORMATION</b>																	
1. Name of Vessel or Facility <b>MV Walla Walla</b>		2. Official No. <b>546382</b>		3. Nationality <b>USA</b>		4. Call Sign <b>WYX2158</b>											
5. USCG Certificate of Inspection issued at: <b>Seattle, WA</b>		6. Type (Towing, Freight, Fish, Drill, etc.) <b>Auto &amp; Passenger Ferry</b>		7. Length <b>440'</b>		8. Gross Tons <b>3246</b>											
9. Year Built <b>1972</b>		10. Propulsion (Steam, diesel, gas, turbine...) <b>Diesel Electric</b>		11. Hull Material (Steel, Wood...) <b>Steel</b>		12. Draft (Ft. - in.) <b>FWD 16' 7" AFT 16' 8"</b>											
13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) <b>ABS</b>		14. Date (of occurrence) <b>11/4/2012</b>		15. TIME (Local) <b>1057</b>		16. Location (See Instruction No. 10A) <b>Eagle Harbor repair facility, Windslow, WA</b>											
17. Estimated Loss of Damage TO:				18. Name, Address & Telephone No. of Operating Co. <b>WSDOT- Ferries Division 2301 3rd Ave, Ste 500 Seattle, WA 98121 206-515-3400</b>													
19. Name of Master or Person in Charge <b>Cynthia Bruner</b>		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot <b>N/A</b>		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO											
21a. Street Address (City, State, Zip Code) <b>██████████, Colby, WA, 98384</b>		19b. Telephone Number <b>██████████</b>		20a. Street Address (City, State, Zip Code) <b>██████████</b>		20b. Telephone Number <b>██████████</b>											
21. Casualty Elements (Check as many as needed and explain in Block 44.)																	
NO. OF PERSONS ON BOARD <b>N/A</b> <input type="checkbox"/> DEATH - HOW MANY? <b>N/A</b> <input type="checkbox"/> MISSING - HOW MANY? <b>N/A</b> <input type="checkbox"/> INJURED - HOW MANY? <b>N/A</b> <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: <b>N/A</b> <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE		<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input checked="" type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE		<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____													
22. Conditions																	
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR											
				E. DISTANCE (miles of visibility) <b>U/K</b>		F. AIR TEMPERATURE (F) <b>U/K</b>											
				G. WIND SPEED & DIRECTION <b>U/K</b>		H. CURRENT SPEED & DIRECTION <b>U/K</b>											
23. Navigation Information <input checked="" type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING				SPEED AND COURSE _____		24. Last Port Where Bound _____											
25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Empty</th> <th>Loaded</th> <th>Total</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Empty	Loaded	Total				25b. TOTAL H.P. OF TOWING UNITS _____		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Length</th> <th>Width</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Length	Width		
Empty	Loaded	Total															
Length	Width																
				25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW													
<b>SECTION II. BARGE INFORMATION</b>																	
26. Name		26a. Official Number		26b. Type		26c. Length											
26d. Gross Tons		26e. USCG Certificate of Inspection Issued at:		26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE											
26h. Draft FWD		AFT		26i. Operating Company													
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____				26k. Describe Damage to Barge													



SECTION III. PERSONNEL ACCIDENT INFORMATION							
27. Person Involved  <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name)  27b. Address (City, State, Zip Code)			27c. Status  <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other		
28. Birth Date		29. Telephone No.		30. Job Position		31. (Check here if off duty)  <input type="checkbox"/>	
32. Employer - (If different from Block 18., fill in Name, Address, Telephone No.)							
33. Person's Time  A. IN THIS INDUSTRY - B. WITH THIS COMPANY - C. IN PRESENT JOB OR POSITION - D. ON PRESENT VESSEL/FACILITY - E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -				YEAR(S)  MONTH(S)		34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)  35. Was the Injured Person Incapacitated 72 Hours or More?  36. Date of Death	
37. Activity of Person at Time of Accident							
38. Specific Location of Accident on Vessel/Facility							
39. Type of Accident (Fall, Caught between, etc.)				40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)			
41. Part of Body Injured				42. Equipment Involved in Accident			
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury.							
SECTION IV. DESCRIPTION OF CASUALTY							
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).  <p>The vessel was tied up at the Eagle Harbor repair facility where 6 electricians were attempting to stone 2B Drive Motor commutator using 2A Drive Motor to turn the propeller shaft. Captain was standing by in #1 Wheel House with the plan to push the vessel into the dock at a shaft speed of 40 rpm. The plant was set for no power on the B-Loop and one engine on the A-loop to drive the shaft. Excitation was placed on 2A drive motor and the shaft was turned 40 rpm at 1049 hr. At 1057 hr 1A Drive Motor Air Temp High alarm sounded. At this time Oiler noted smoke coming from #1 Motor Room. He saw arcing though the Plexiglas and smoke coming from 1A Drive Motor. He left and notified Chief who secured #3 Main Engine(1059 hr) and dropped out the propulsion loop. Via camera, the Chief noted that the arcing stopped when the power was removed. Oiler closed the WTD and under direction, rang the general alarm for fire. He then suited up in Bunker gear and stood by for any additional direction. Mustering in the Control Room we observed, via camera, the Drive Motor and Motor Room. There was no fire or arcing. (Continued on attachment)</p>							
45. Witness (Name, Address, Telephone No.) Marcus Levang, [REDACTED], Poulsbo, WA 98370 [REDACTED]							
46. Witness (Name, Address, Telephone No.) John Settles, [REDACTED] Edmonds, WA 98020 [REDACTED]							
SECTION V. PERSON MAKING THIS REPORT						47c. Title  Staff Chief Engineer	
47. Name (PRINT) (Last, First, Middle)  Cooper, Bruce, Arnold			47b. Address (City, State, Zip Code)  [REDACTED] Everett, WA 98201			47d. Telephone No.  [REDACTED]	
47a. Signature  						47e. Date  11/07/2012	
FOR COAST GUARD USE ONLY						REPORTING OFFICE:	
MISLE Incident Investigation Activity Data Entry:				MISLE Incident Investigation Activity Number (if applicable)			
NONE      PRELIMINARY      DATA COLLECTION      INFORMAL      FORMAL							
Serious Marine Incident    Yes    No		Major Marine Casualty    Yes    No		INVESTIGATOR (Name)		DATE	
				APPROVED BY (Name)		DATE	



REPORT OF MARINE ACCIDENT,  
INJURY OR DEATH  
CG-2692

MV Walla Walla, Date of Occurrence 11/04/2012

Continued - SECTION IV. DESCRIPTION OF CASUALTY

...We left the space closed for 45 minutes and observed the condition by camera. With no change, (no smoking, no arcing, no fire) we mechanically vented the space to outside atmosphere. When clear, entered the Motor Room for an inspection and found extensive damage to the commutator. There were no injuries to personnel. The Port Engineer was notified, an investigation has been started, procedures are to be written and GE reps have been on site for plan of action.

Bruce Cooper,  
Staff Chief Engineer  
MV Walla Walla

A handwritten signature in black ink, appearing to read 'Bruce Cooper', with a long horizontal flourish extending to the right.